

CLAIMS ONLY							Application Number <div style="font-size: 1.2em; font-family: cursive;">09/623910</div>		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1										
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Total Indep			4							
Total Depend			63							
Total Claims			67							